Participants: Robyn Hurlbert, Michelle Waller, Pat Cottingham, Jace Smrcka, May Faith, Mary Lawson, Sue Spitser, Joyful Stoves, Karla Ludden, Kristie Christianson, Monica Simonsen, Tina Dykes, Pam Hovis, Amy Nutter, Robin McArthur, Jill Lieske, Cheryl Bales, Janine Brooks, Carla Crook, Natalie Dryer, Tabitha Fox, Kim Hall, Bernie Hascall, Michelle Johnson, Kathy Kay, Nancy Meyer, Vincent Moreno, Diane Pascal, Paul Piper, Doug Raney, Laura Ritterbush, Tinera Rust, Cheri Rychly, Ladonna Shippen, Suzie Wysocki

Next Meeting: TBD
Below is a link to the Nebraska DDD/MLTC Waiver Person Centered Planning Work Group- Please check it out.
http://dhhs.ne.gov/medicaid/MedicaidWaiverInitiative/Pages/Home.aspx

   Agenda:
   Welcome
   Introductions
   Additions to the Agenda? Questions since we met last?
   Continue Working through Appendix D. (power point)
   Next Steps

Topic	Person Responsible	Discussion	Action Item
Appendix D: Appendix D-2-a(b)	Work Group	Questions asked of Appendix D-2-a(b) Monitoring and Follow-Up Methods: – Both Adult Day and Comprehensive Waivers • 40 & 60. Please specify whether service coordinators monitor to ensure an individual resides and/or receives services in a setting that meets the home and	No additional comments

Topic	Person Responsible	Discussion	Action Item
		community-based regulations and requirements. ■ Yes, NDHHS SCs do monitor in the setting(s) the service is being provided.	

	Work Group	■ Questions asked of Appendix D-2-a(b) Monitoring and Follow-Up Methods:
		  – Comprehensive Waiver Only
		    • 61. How does the SC assess the effectiveness of the back-up plans including natural supports?
		■ Emergency situations, Disaster Plans…those who require electricity for ventilator, etc. Oxygen, etc. Each team would need to address individuals specifically depending upon what the needs are of the individual.
		■ Looking at if there is a plan already in place and ensuring these are being talked about and followed through with.
		■ ISP should document a back-up plan perhaps.
		■ Verify individuals are still willing to participate.
		■ Look at the language that CFS uses in their back-up plans perhaps.
		■ Some back-up plans may perhaps fall under the Risk Section of the ISP.
			No additional comments

Topic	Person Responsible	Discussion	Action Item
Appendix D-2-a(c)	Work Group	■ Questions asked of Appendix D-2-a(c) Frequency with which Monitoring is Performed: – Adult Day Waiver • 41. Please specify the required frequency of monitoring a service coordinator must perform and how it support the needs of the individual.	**Add the following language:** At a minimum 2 x per year (after the annual ISP meeting and semi-annual ISP meeting) Ongoing monitoring as needed. Significant event: (this would need to be defined). Possibly based on high GER's. More language regarding the follow-up and how that is done/tracked would be helpful. No additional comments.
Appendix E-1-n	Work Group	■ Questions asked of Appendix E-1(n) Goals for Participant Direction: – *Adult Day Waiver Only* • 43. For the waiver ending, 625 individuals were expected to self-direct their services. For the new waiver under review, year 1 starts with 400 participants. Please explain the variance in number of participants. Did the state intend to reduce the number of participants who elect to direct their waiver services? 43. The first number was an estimate because this was the first application that had the non-specialized	43. The Division needs to pull these numbers. 44. The Division needs to pull these numbers as well and perhaps further define what self-directing means. 62. The Division needs to pull these numbers as well as those mentioned above.

Topic	Person Responsible	Discussion	Action Item

		services, etc. The renewal application was based on actual utilization (per Pam Hovis). This number will be looked at again before submitting. The Division needs to pull these numbers.
		
		–
		
		    • 44. How many individuals are currently self-directing their services?
		
		▪ Questions asked of Appendix E-1(n) Goals for Participant Direction:
		    – *Comprehensive Waiver Only*
		      • 62. Please explain the factors that lead the state to expect growth of more than 500 new participants utilizing self-direction in year 1 of the waiver renewal.	

Questions asked of QIS – D: Service Plan Adult Day Waiver Only	Work Group	82. Sub-Assurance a – None of the performance measures address whether service plans address all participants' personal goals. The sub-assurances are being looked at by the QI group. The PCP group had the following thoughts/ideas to share with the QI group: Address by including how these are addressed via file review, assessments, Therap data points, etc.	None at this time.

Topic	Person Responsible	Discussion	Action Item
	Work Group	83. Sub-Assurance c – The second performance measure does not adequately address the sub-assurance. It should be revised to address the number/percent of service plans that needed to be revised and were revised based on a change in need. Unless there is addendum to change this, it would be difficult. This was talked about at length yesterday in another Work Group meeting. Easily address the percent, numerator, and denominator. Identifying how you assess if there is a change of need is more difficult. Don't have data to access that it is changed when it needs to be. You have to look at monitoring's as well. How specific do we get when doing file reviews, etc. Ex. Starting Oxygen when you've never been on before would be a data point to track. Things along these lines. We have to be more specific. Define what the significant change is first. How many should have been changed, that weren't. Defining "should have been changed" is key. Identify a significant change as a certain type of med change, etc.	None at this time.

Topic	Person Responsible	Discussion	Action Item
Questions asked of QIS – D: Service Plan Comprehensive Waiver Only	Work Group	109. Regarding sub-assurance (a): None of the PMs measure whether service plans address all participants' personal goals. We request that the state either revise the current PM or add an additional PM to measure that all participants' goals are addressed in the service plan.	Similar to above. (83) No additional comments.
	Work Group	110. Regarding sub-assurance (c): The second propose PM does not adequately address the sub-assurance. This PM only provides the number/percent of total service plans that were revised due to a change in a person's needs, not the percent of service plans that needed to be revised and were revised. Please revise this PM to appropriately measure the sub-assurance.	Similar to above. (83) No additional comments.
	Work Group	111. Regarding sub-assurance (d): How will the state determine whether participants have received the appropriate type, scope, amount, duration, and frequency of services specified in the IPP? Now that we are in Therap with Service Authorization and codes, billing, etc. this should be fairly easy to determine from these numbers. Monitoring needs to be done as well and ensure it is being completed as developed.	No additional comments.

Topic	Person Responsible	Discussion	Action Item
		Discussion should start at IFM. Does the Service Authorization match the ISP? Has the person met their goal(s). There is always a benefit to poll a third part to ensure it all matches accurately.	
Other	Work Group	Other Questions Asked: How do we monitor the SC's? Are the SC's being Person Centered during team meetings, etc? Group discussion focused not just on a documentation review but in vivo supervision of team meeting facilitation etc.	No additional comments.
Next Meeting:	Bernie/Jill	Central Office is going to re-submit the working draft of things we have talked about to CMS. Perhaps put hold on meeting again until we get back from CMS anything that needs follow-up. By submitting working draft, we are staying ahead of the final deadline. Once we get	None at this time.

Topic	Person Responsible	Discussion	Action Item
		back any feedback or questions from CMS, the group will be notified to come back together.	

Next meeting is TBD

Considerations for 2017: